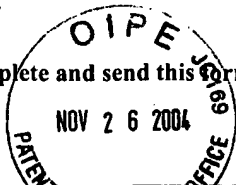


PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 or Fax (703) 746-4000



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20028 7590 09/08/2004

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Carol Prentice (Depositor's name)
 Carol Prentice (Signature)
 November 23, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/051,625	01/18/2002	Rupert Mayenberger	HOE-672	9038

TITLE OF INVENTION: INSTRUMENT FOR PLACING SURGICAL CLIPS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	12/08/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
WOO, JULIAN W	3731	606-142000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Barry R. Lipsitz

2 Douglas M. McAllister

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

AESCULAP AG & Co. KG

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Tuttlingen, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.
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Authorized Signature

Barry R. Lipsitz

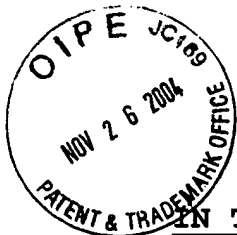
Date November 23, 2004

Typed or printed name

Registration No. 28,637

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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P A T E N T

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

R. Mayenberger

Application No.: **10/051,625**

Filed: **January 18, 2002**

For: **INSTRUMENT FOR PLACING
SURGICAL CLIPS**

)
) Examiner: **J. Woo**
)
) Art Unit: **3731**
)
)
) Date of Notice of
) Allowance: **September 8, 2004**

MAIL STOP ISSUE FEE

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P.O. Box 1450
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CERTIFICATE OF MAILING

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November 23, 2004.

By: *Carol Prentice*
Carol Prentice

PAYMENT OF ISSUE FEE

Dear Sir:

Enclosed please find a check in the amount of \$1,700 for payment of the Issue Fee, Publication Fee and ten advance order copies in the above-referenced application.

The Issue Fee Transmittal form PTOL-85B is also enclosed.

The Commissioner is hereby authorized to charge any deficiency in the payment of the required fee(s) or credit any overpayment to Deposit Account No. 50-0625.

Respectfully submitted,

Barry R. Lipsitz
Attorney for Applicant(s)
Registration No. 28,637
755 Main Street, Bldg. 8
Monroe, CT 06468
(203) 459-0200

Attorney Docket No.: HOE-672
Date: November 23, 2004